Premierbell Limited

Homer Lodge Care Centre

Inspection report

23-26 Monson Street
Lincoln
Lincolnshire
LN5 7RZ

Tel: 01522530108
Website: www.halcyoncare.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 12 September 2017 and was unannounced. At our previous inspection in 2016 we found that the provider did not have effective systems to assess and monitor the quality of service provided to people. We also found that there were not effective and safe systems in place for the management and administration of medicines. After the inspection, the provider wrote to us on 9 December 2016 to say what they would do to meet legal requirements in relation to the breaches. On the 24 January 2017 the registered manager wrote to us and told us the home was now meeting legal requirements. We undertook a focussed inspection on 16 March 2017 and found the provider had not made the necessary improvements. As a consequence we told the provider to take specific action to address the issues.

At this inspection we found the provider had made some improvements in the management of medicines but identified further issues relating to the management of medicines. We also found the provider had failed to meet a recommendation we made in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The provider had failed to address all the issues raised at previous inspections.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

Homer Lodge provides nursing and residential care for older people. It provides accommodation for up to 47 people who require personal and nursing care. The service provides care on three floors. At the time of our inspection there were 31 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations.

The provider's audit processes had failed to identify the issues we found at our inspection regarding medicines and MCA. The provider had also failed to fully address the issues raised at our previous inspection in September 2016 in relation to the MCA and best interest assessments.

Systems and processes were not for the safe management of medicines were not consistently effective.

Where people could not consent assessments to ensure decisions were made in people's best interest had not been consistently completed. We saw that staff obtained people's consent before providing care to them.

People told us there were not always sufficient staff available to meet people's needs. Staff responded in a

timely and appropriate manner to people during our inspection. Staff were kind and sensitive to people when they were providing support. People were treated with respect.

People and their relatives told us that they felt safe and well cared for. Staff knew how to keep people safe. The provider had systems and processes in place to keep people safe.

We found that people's health care needs were assessed and care planned and delivered to meet those needs. People had access to healthcare professionals such as the district nurse and GP and also specialist professionals. People had their nutritional needs assessed and were supported with their meals to keep them healthy. People had access to drinks and snacks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider had a training plan in place. Staff had received supervision and appraisals. People were provided access to leisure and social activities. They were supported to maintain relationships that were important to them.

Staff felt able to raise concerns and issues with management. Relatives were aware of the process for raising concerns and were confident that they would be listened to.

Accidents and incidents were recorded and investigated. The provider had informed us of notifications. Notifications are events which have happened in the service that the provider is required to tell us about.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Systems were not always effective for management of medicines. Medicines were administered safely.

Risk assessments were completed.

There was not always sufficient staff available to provide safe care.

Staff were aware of how to keep people safe. People felt safe living at the home.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The provider did not act in accordance with the Mental Capacity Act 2005.

Staff had received regular supervision.

Staff had received training to support them to meet the needs of people who used the service.

People had their nutritional needs met.

People had access to a range of healthcare services and professionals.

Is the service caring?

Requires Improvement

The service was not consistently caring

People had their dignity considered.

Care was not always provided in an appropriate and timely manner.

Staff responded to people in a kind and sensitive manner.

People were able to make choices about how care was delivered.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care records were personalised but not always updated.

People had access to activities and leisure pursuits.

The complaints procedure was on display and people knew how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not well led.

Issues raised at the previous inspection had not been fully addressed.

There were systems and processes in place to check the quality of care and improve the service, however these had not identified the issues raised at this inspection.

Staff felt able to raise concerns.

The registered manager created an open culture and supported staff.

Homer Lodge Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 September 2017 and was unannounced. The inspection was completed by an inspector, a pharmacy inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We used this information to help plan our inspection.

We looked at notifications which we held about the organisation. Notifications are events which have happened in the service that the provider is required to tell us about. We also considered information that had been sent to us by other agencies when making our judgements.

During our inspection we spoke with the registered manager, a senior manager from the company, and five members of care staff. We also spoke with 11 people who used the service and five relatives. We looked at four people's care plans and records of staff training, audits and medicines.

Requires Improvement

Is the service safe?

Our findings

We identified concerns relating to the safe handling of medicines at our previous inspections in September 2016 and March 2017. During this inspection, we checked to see what improvements had been made. We looked at 13 Medicines Administration Records (MARs) and spoke with one nurse, one senior carer and the manager. Although we found improvements had been made, there remained some issues with regard to the safe management of medicines.

MARs contained photographs of service users to reduce the risk of medicines being given to the wrong person. Allergies were recorded on the MARs, this reduces the chance of someone receiving a medicine they are allergic to. However, documentation was not available to support staff to give people their medicines according to their preferences.

We checked the quantities and stocks of medicines for 12 people and found the stock balances to be incorrect for five of them. This meant that we were unable to determine if medicines had been given when they were signed for. Not keeping accurate balances of medicines increases the risk of not having enough medicines in stock to meet the needs of service users.

We found in two MAR special instructions were not recorded on the MAR. This is important to ensure people receive their medicines in the correct way. However following the inspection the provider told us that information was available on the medicine packaging.

Patch charts for people who were prescribed a pain relief patch were in use. This meant it was clear to staff where and when patches had been applied, and reduced the risk of harm from duplicate application. Body maps and topical MARs were also in use, these detailed where creams should be applied and provided clear records of administration. Some medicines were prescribed with a variable dose i.e. one or two tablets to be given. We saw the quantity given had been recorded, meaning records accurately reflected the treatment people had received.

We observed the medicine round. We saw that medicines were administered safely. Medicines were stored securely in a locked treatment room and there were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse); Staff regularly carried out balance checks of controlled drugs in accordance with the home's policy. Room temperatures where medicines were stored were recorded daily, and these were within recommended limits. We checked medicines which required cold storage and found they were stored appropriately and temperature records maintained in accordance with national guidance. Improvements to medicines audits (checks) had been introduced since our last inspection. These included external audits carried out by the supplying pharmacy contractor. Issues identified had been acted upon and improvements made.

People and relatives told us that they thought there was sometimes not enough staff to provide safe care to people. They said they had to wait for support. One person told us "I have to use it (call button) when I want

to spend a penny. They come as quickly as they can, about 5 or 10 minutes, there are other people here so you have to take the rough with the smooth. In my opinion they are short of nurses. They are alright in a daytime but at night they dwindle away." One person told us that staff responded to her call bell, "Quickly, unless they are busy and then you have to wait a while, quarter of an hour or twenty minutes sometimes but there are some people worse off than I am". She added that she thought there was enough staff most of the time. A visiting relative said, "There's not enough staff at times, you get a lot ring in sick and weekends there's only been four and there should be five."

We noted that on arrival it took some time for staff to respond to the doorbell. This was also commented on by a visiting relative who said, "Just one thing, they do take a lot of time to let you in." We saw that every person we spoke to in their room had a call button within reach. We saw that some people sitting in easy chairs in the lounges had call buttons to hand. During our inspection however we observed people were responded to promptly. For example, in the Green Lounge we saw that a member of staff, on noticing a person's call button had slipped to the floor, immediately picked up the button and clipped it to the arm of the person's chair well within the person's reach.

Arrangements were in place to ensure when staff were unavailable gaps were filled by staff who were familiar with the service and people who lived there. This helped to ensure people received consistent care from staff who understood their needs.

The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. This included Disclosure and Barring Service (DBS) checks to ensure that prospective staff would be suitable to work with the people who lived in the home.

People who used the service told us they felt safe living at the home and had confidence in the staff. One person said "Safe, yes. The doors are locked and they [staff] look after you. My money affairs are looked after by [administrator]) in the office. I trust her completely. She goes and gets what I want and she'll take it out of my money, she's very good." Another person said "I feel safe, very much so because anyone that comes has to sign in and out and they (staff) make sure the doors are closed. The staff are always around and I've a bell and they come quickly most of the time." A visiting relative said in regard to her family member, "Safe, yes. She had a fall at home but has been ok here."

Individual risk assessments were completed on areas such as nutrition, moving and handling and skin care. Plans were also in place to advice staff how to manage the risks. Accidents and incidents were recorded and investigated to help prevent them happening again. Individual plans were in place to support people in the event of an emergency such as fire or flood and the home had recently purchased additional equipment to assist with evacuation. We observed some areas of the home were cluttered which could cause a hazard to people. For example, in the main dining area we saw there were six dining chairs stored in two groups in areas where people walked. In addition there were six wheelchairs and two walking frames lined up behind easy chairs. One of the walking frames had a wheel protruding which was a particular trip hazard.

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They were able to tell us how they would report concerns internally and externally, for example, to the local authority. Staff told us that they had received training to support them in keeping people safe. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection in September 2016 we identified the provider did not consistently act in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We made a recommendation that the provider should ensure that they are familiar with current legislation in relation to MCA and DoLS.

At this inspection we found the provider had not fully implemented the MCA. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the provider was working within the principles of the MCA.

We saw that a best interest decisions had not been carried out for a person who required bed rails to ensure they were being put in place in their best interests. We observed that people were asked for their consent before care was provided. Records included completed consent to treatment forms. However it was not consistently clear from the care records whether people were able to consent. For example, one person's record stated they were able to understand their care needs but we observed consent forms had been completed by their relative. A best interest decision was not in place and the relative did not have legal responsibility to consent on the person's behalf for health and welfare. The registered manager told us the person had previously consented verbally to the care when they had capacity. However guidelines (MCA code of Practice) states that capacity should always be reviewed whenever a care plan is being developed or reviewed, at other relevant stages of the care planning process and when particular decisions need to be made. There was a risk that decisions were being made on people's behalf unlawfully because documentation was unclear.

A do not attempt cardiopulmonary resuscitation (DNACPR) was in place for a person, however although it stated the order had been discussed with the person to assist them to understand care records stated that the person lacked capacity. A best interest decision was not in place.

There was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospital are called the Deprivation of Liberty Safeguards (DoLS). If the location is a care home the Care Quality Commission (CQC) is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there were two people subject to DoLS, DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. When we spoke with staff and registered manager about the MCA and DoLS they were able to tell us about it and how it applied to people within the home.

People told us they thought staff had the skills to care for them. New staff received an induction. The induction was in line with the Care Certificate which is a national standard. Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. We saw from the training records that most staff had received training on core areas such as fire and moving and handling. Additional training had also been provided to ensure staff understood people's specific needs, these included vena puncture and catheter care.

There was a system in place for monitoring training attendance and completion. It was clear who required training to ensure that they had the appropriate skills to provide care to people and that staff had the required skills to meet people's needs. Staff also had access to nationally recognised qualifications. Staff had received regular supervision to review their skills and experience and told us they found these useful.

People told us they enjoyed the food. One person said, "The foods very nice, gives you an appetite." Another person said the food was "Very good, you do have a choice absolutely. We get enough yes and pudding afterwards."

We observed lunchtime and saw staff assisting people with their meal to ensure that they received sufficient nutrition. The lunchtime meal was relaxed with staff serving the meals and engaging in conversation with people. People were offered a choice In order to assist people to make these choices staff showed people what meals were available at mealtimes. We observed people had different meals at lunchtime. People had access to regular drinks and snacks throughout the day.
We saw one person ask a member of staff if they could have corn beef. We later noted that the member of staff came back to the person and asked how many slices of corn beef they would like. The member of staff told us later, "We try and accommodate them as much as we can."

People had been assessed with regard to their nutritional needs and where additional support was required appropriate care had been put in place. For example, people received nutritional supplements to ensure that people received appropriate nutrition. In addition some people were provided with a snack box of their favourite foods throughout the day in order to encourage them to eat sufficient. Where people had allergies or particular dislikes these were highlighted in their care plans. Staff were familiar with the nutritional requirements of people and records of food and fluid intake was maintained appropriately. This is important to support staff to monitor whether or not people receive sufficient nutrition.

We found that people who used the service had access to local and specialist healthcare services and received on-going healthcare support from staff. Where people had specific health needs such as epilepsy information was available to staff to ensure that they provided the appropriate care. Care plans were also in place for people when they had short term illnesses. People told us they had access to the GP and were supported by staff. One person said, "If they (staff) think you are not very well they'll tell you and they'll get a doctor. Occasionally they'll take me to the doctor's to get my bloods done, I'm a diabetic." A visiting relative whose family member suffered from epilepsy said, "They are very good at getting the doctor or the ambulance, the doctor comes three times a week, if anyone has any problems they can see him."

Requires Improvement

Is the service caring?

Our findings

Some people expressed concerns about the availability of staff. They told us that lack of availability of staff sometimes affected their care. One person told us, "You have to wait a long time for them to come. The other night I was telling them I needed to spend a penny and I couldn't wait any longer but they had to deal with other people. It was nearly bedtime and when they took me up I said I don' think I'll make it and I had an accident. Another person told us, "I use it [call bell] when I want. If I want something I can't reach or my pad changing. They come unless they are busy. I don't mind waiting, 10 minutes sometimes, that's all. They might be busy with someone else. Some days there isn't [enough staff] some days there is but they still do their job, they care for us."

People told us staff were kind, helpful and caring. One person said, "They spoil you, you only have to ask once for something and you get it." Another whom we asked if the staff were caring, said, "Very much so, I like it here. They are very kind to me, I can't fault them." Another person said, "I have been well looked after, I've been here twice. They are very caring, day and night." A visiting relative said of staff, "If you ask them anything they try and do it. They are all very approachable."

We observed staff were kind and gentle when providing care to people and supported people to receive care how they wanted it to be provided. We saw that one person appeared confused and distressed. A member of staff knelt down beside them and offered reassurance. We saw that they calmed the person with appropriate touching, holding of their hand and stroking their shoulder.

During our inspection an incident occurred which meant a person required ongoing support from staff and their dignity protected. We observed that staff ensured the person supported the person in a kind and caring manner and ensured their dignity was protected until the emergency services arrived.

We observed that staff were aware of respecting people's needs and wishes. One person did not like to use a frame to assist them with their walking. Instead they preferred to use a wheelchair. Arrangements had been put in place to support them with this decision. Care records detailed people's choices regarding care. For example, a record explained a person liked a light on at night and to hold a small teddy for comfort.

People who used the service told us that staff treated them well and respected their privacy. We observed that staff knocked on their bedroom doors. A person told us, "They treat us like adults, always treat us with respect. They always treat me with dignity when they give me a bath." Another said, "They always knock at your door." Records were stored appropriately in order to protect people's confidentiality.

Staff supported people to mobilise at their own pace and provided encouragement and support. We saw when staff assisted people to mobilise by using specialist equipment they explained what they needed people to do and explained what was happening.

We observed a staff member assisting a person walk from the lounge to the dining area. We saw that they did this in a gentle, kindly non-patronising manner at the person's pace. We saw that the staff member

allowed the person to do as much for themselves as they could but that the member of staff was constantly attentive, offering praise and encouragement. We saw that the staff carer ensured the person was comfortably seated at a dining table before leaving them.

We observed staff chatting with relatives in a friendly and respectful manner. All the people we spoke with said that they felt well cared for and liked living at the home. Staff explained to people what they were going to do before providing care and asked people if that was alright.

Where people required support from lay advocacy services this was identified in their care record. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

Requires Improvement

Is the service responsive?

Our findings

Care plans had been reviewed. However we found one occasion when the care record had not been updated to reflect the changes and three occasions when records had not been fully completed. For example, when people's capacity had altered records had not been consistently updated to reflect people's needs. Audits had not identified these issues.

People we spoke to were aware of the care planning process but told us they had not actually seen their care plans. They told us however that they assumed they could see them if they wished. A visiting relative said, "Yes, there's one [care plan] in the office somewhere. I haven't seen it for a long while. I suppose we could read it."

Care records included details so that staff could understand what things were important to people such as information about people's past life experiences and their preferences. Information such as this is important because it helps staff to understand what is important to people and why.

The service had employed two members of staff who provided activities to people and activities were provided on a daily basis. On the day of our inspection a quiz was held in the afternoon. People we spoke with told us about the activities and what they enjoyed. One person said, "I've got music and there's a television and sometimes we have games. The activity girls, are very good, [staff] in particular. We have games, we go out, I've been to Cleethorpes, we have shopping trips into town, we all go in our turn." Another said, "When the ladies (Activity Co-ordinators) are in we do something, play games, exercises on a Wednesday. We've got singers coming in October and November. The one in October does all the Elvis songs, he's fabulous."

The activity co-ordinator told us that she ensured she spent time with those people who were confined to their rooms or who chose not to participate in group activities. She said she had an 'I-pad' which she could use with people on a one to one basis and on which she could show movies, play games or research items of interest with people. Additionally she told us, "I do spend time with some people who are bed bound and assist them with their meals as I can spend more time with them than the carers. If they are able I'll put a table on the bed and play games with them."

Relatives told us that they felt welcome at the home and that they were encouraged to visit so that relationships were maintained. A relative told us, "They [staff] care, and towards family members as well. They make the time to listen to me, help me. If I'm worried about anything I know I can always go and speak to them confidentially. They always ask if I want a cup of tea." A group of visiting friends told us, "They [staff] made us very welcome, were very kind. They brought us up to the room and looked after us."

Care staff understood the importance of promoting equality and diversity. People had access to church services within the home and we saw that any specific cultural wishes were recorded in care records and provided for according to people's wishes. The home had recently purchased specialist equipment to assist people with disabilities with personal care. For example, they had recently purchased a specialist chair for

use in the shower. No one we spoke to told us they had been asked specifically if they wanted a male or female carer to assist with personal care but all said that they were happy to accept either. One person said, "It's just who's available, if you say you don't want a man that's ok, some people do say that."

A complaints policy and procedure was in place and on display in the home. People told us they would know how to complain if they needed to. At the time of our inspection there were no unresolved complaints. A person said, "I've no complaints, if I had I'd speak to the nurses or the matron, they are easy to speak to. You can talk to them."

Requires Improvement

Is the service well-led?

Our findings

At this inspection we found that some actions had been taken to address the issues raised at our previous inspections but not all legal requirements had been met. The provider had also continued to have an overall rating of requires improvement since 2015. Inspections carried out in September 2016 and March 2017 found that legal requirements had not been met. Despite assurances from the provider we found at this inspection the provider had still failed to fully meet legal requirements. In particular we found issues relating to the MCA. When we spoke with the registered manager we found they were unaware of some of these issues.

The provider had failed to fully address the issues raised at our previous inspection in September 2016 in relation to the MCA and best interest assessments. In September 2016 a recommendation was put in place by CQC but the provider had failed to respond to the recommendation. We found at this inspection relevant assessments and reviews had not consistently taken place in order to ensure the provider complied with the MCA.

At our inspection in September 2016 we also found arrangements were not in place to safeguard people against the risks associated with the management of medicines. At this inspection we found although the provider had carried out the actions identified in their action plan regarding medicines these had failed to ensure that systems were consistently effective. We found there were still issues regarding the processes to safely manage medicines which the provider had failed to identify. For example, in the PIR you told us you had put in place medication audits which had resulted in safe systems being put in place. However we found systems had not been consistently effective.

The provider had also failed to address issues raised by CQC to ensure that arrangements for checking the quality of care ensured that improvements were made. Where medicine audits had been carried out and issues identified the action taken had not consistently resolved the issue. For example, medicine audits had previously identified that some stock balances were incorrect and we found at this inspection there remained issues with stock balances.

The provider had failed to follow best practice guidance and national guidance. For example NICE guidance recommends that documentation should be available to support staff to give people their medicines according to their preferences. The provider had also failed to follow the Mental Capacity Act 2005.

Arrangements were in place for checking the quality of care on a range of areas including infection control, care records and medicines. We saw action plans had been put in place where issues had been identified to make improvements. However the provider had failed to improve some of the issues which they had previously identified and we identified at this inspection specifically in relation to medicines and MCA. But also regarding the failure to ensure care records consistently reflected people's needs and capacity to make choices.

There was a continuous breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

People felt the home was well run and told us all of the management team were approachable. The registered manager was walking the floor throughout the day and appeared to know people who used the service well. One person said, "There's Matron (registered manager) she's very nice and listens to us." Another said, "Matron comes in and talks to everybody. She comes around a lot, does our medication, she's very good."

Resident meetings were held on a regular basis. One person told us, "We have residents' meetings once every so often. They (management) ask us questions, if everything is alright and that, they do listen to us, but there's nothing wrong really." We looked at the minutes from the meeting held in June 2017. We saw where people were unable or unwilling to attend the meeting they had been visited in their room to ensure they had the opportunity to comment. Meetings were also held about activities and we saw at the meeting in July 2017 discussions had taken place about activities being provided on an individual basis.

Staff understood their role within the organisation and were given time to carry out their tasks. They said they felt supported in their role and that staff worked as a team in order to meet people's needs. They told us that staff meetings were held and if there were specific issues which needed discussing additional meetings would be arranged. Staff and relatives told us that the registered manager was approachable. Staff said that they felt able to raise issues and felt valued by the registered manager and provider.

The service had a whistleblowing policy and contact numbers to report issues of concern, were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed.

The provider had informed us about accidents and incidents as required by law. The provider submitted notifications, for example, CQC had been informed about accidents and incidents. Notifications are events which have happened in the service that the provider is required to tell us about.

The provider is required to display their latest CQC inspection report at the home so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to put in place measures to meet the MCA.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to fully address issues raised at the previous inspection.